

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/664,821 FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4			/	/			54						
5			/	/	3		55						
6			/	/	3		56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
11			/	/			61						
12			/	/			62						
13			/	/			63						
14			/	/			64						
15			/	/	3		65						
16			/	/	3		66						
17			/	/	3		67						
18			/	/	3		68						
19			/	/	3		69						
20			2		2		70						
21	1		/	/			71						
22			/	/			72						
23			/	/			73						
24			/	/			74						
25			/	/			75						
26			/	/			76						
27			/	/			77						
28			/	/			78						
29			/	/			79						
30			/	/			80						
31			/	/			81						
32			/	/			82						
33	1		/	/			83						
34	1		/	/			84						
35	1		/	/			85						
36			/	/			86						
37	1		/	/			87						
38	1		/	/			88						
39	1		/	/			89						
40			/	/	3		90						
41			/	/	3		91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		3				TOTAL IND.						
TOTAL DEP.	6		29				TOTAL DEP.						
TOTAL CLAIMS	16		32				TOTAL CLAIMS						